DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over $5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:	DHHS/OBH- Cynthia McPherson & Sara Wade			
Department Contract Administrator or Grant Coordinator:	Nancy Tan / Brianne Carrero			
(If applicable) Department Reference #:	Multiple- See attached list			
Amount: (Contract/Amendment/Grant)	Service Group: $ 648,531.60		Advantage CT / RQS #:	Multiple – See attached list
CONTRACT	Proposed Start Date:	7/1/22	Proposed End Date:	6/30/23
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Multiple- See attached list			
Brief Description of Goods/Services/Grant:	WRAP Services			

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "**X**" before the justification(s) that applies to this request. (Check all that apply.)

☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☐	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☒	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. University Cooperative Project	☐	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

OBH is responsible for services and unmet needs for persons with serious and persistent mental health disorders. These individuals are often poor and at times because of their poverty or in part because of their disorder have individual emergent/ unmet needs that cannot be met by other resources. WRAP funds assist in meeting basic emergent/unmet needs and the organization that manages those funds. The Providers are required to assemble Wrap committee that includes a peer with lived experience to meet on a weekly basis to review applications, to ensure that Wrap applicants must be Section 17 eligible in order to qualify for Wrap funding, to insure the Wrap applications are complete and accurate, and provide a 5 day k turnaround from application submission to approval /denial of Wrap funding with written notice to the applicant.

Assembling the Wrap three person committee involves at least one hour per week to insure coverage is met.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

DHHS, Office of Behavioral Health services has determined that this provider is willing and qualified to provide these WRAP services. They are also licensed with the Division of Licensing and Regulatory Services and have a contract with OBH. These Providers have the expertise and knowledge to ensure that the Wrap services are met.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The amount of allocation for each Region was based upon the historical allotment and resulting utilization for the area plus an administrative fee calculated as 30% of the total program expense for all Providers of the service.

4. Describe the plan for future competition for the goods or services.

OBH does not intend to RFP this service. Any willing and qualified provider can submit a proposal for consideration by OBH to provide this service.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

☐ Yes – If Yes, please attach the approved Business Case(s).

☐ No – If No, proceed to Part V

PART V: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	25-Jul-22
Signature of DAFS Procurement Official:	DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	8/4/2022

Vendor Name	Agreement Number	CT 10A	Start Date	End Date	Agreement Amount
THE OPPORTUNITY ALLIANCE	MH1-23-4005	CT 10A 20220713000000000120	7/1/2022	6/30/2023	$ 200,000.00
MAINEHEALTH	MH2-23-4003	CT 10A 20220713000000000121	7/1/2022	6/30/2023	$ 74,460.00
SWEETSER	MH2-23-4004	CT 10A 20220713000000000123	7/1/2022	6/30/2023	$ 53,356.80
ANGLEZ BEHAVIORAL HEALTH SERVICES	MH2-23-4012	CT 10A 20220713000000000124	7/1/2022	6/30/2023	$ 90,300.00
AROOSTOOK MENTAL HLTH SERV INC	MH3-23-4001	CT 10A 20220713000000000125	7/1/2022	6/30/2023	$ 123,736.80
COMMUNITY HEALTH & COUNSELING SERVICES	MH3-23-4002	CT 10A 20220713000000000126	7/1/2022	6/30/2023	$196,978.00